

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Annual Certification for Vehicle Manufacturers

2017

Calendar Year

MassDEP Facility ID#

Filing Deadline: This form is due to MassDEP by **March 1** following the calendar year for which you are certifying.

A. Business Information

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name

Street Address

City/Town

State

Zip Code

Contact Person

Contact Telephone

Contact Email Address

Mailing Address (if different)

Street Address/P.O. Box

City/Town

State

Zip Code

B. Applicability

1. Did your company (or any of its subsidiaries) ever manufacture vehicles that contained mercury switches and were sold in North America?

☐ Yes – Complete the Rest of This Form

☐ No – Complete Section E, Return to MassDEP

2. If you answered YES to Question 1, is your company participating in a MassDEP-approved collection and recycling program as required by 310 CMR 74.06?

☐ Yes – End of Life Vehicle Solutions (ELVS) plan

☐ Yes – Other MassDEP-approved plan

☐ No*

*If NO, submit a Return to Compliance Plan with a plan for collection and recycling of mercury switches from your end-of-life vehicles in Massachusetts to MassDEP for approval in accordance with 310 CMR 74.06. Skip to Section E.

C. Compliance Information for ELVS Participants Only

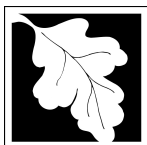
1. How many mercury-added vehicle switches were collected and recycled by the ELVS program in Massachusetts in the calendar year for which you are certifying? [310 CMR 74.09(1)(b) 1.]

The total count of switches received from Massachusetts vehicle recyclers by EQ Industrial Services can be found on the company's web site:

<http://www.eqonline.com/services/ELVS-Mercury-Switch-Recovery-Program/annual-report.asp?year=all>

5201

Number of Units



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C. Compliance Information for ELVS Participants Only (continued)

2. Were all collected mercury-added vehicle switches stored, recycled, or disposed of in accordance with all applicable federal, state and local laws? [310 CMR 74.09 (1) (b) 3.]

☐ Yes

☐ No – Submit Return to Compliance Plan

3. What is the capture rate, using the estimate of 36,000 switches available for capture per 310 CMR 74.07(4)? [310 CMR 74.09 (1) (b) 2.]

Calculate the capture rate by dividing the answer to Question 1 in Section C by 36,000.

14%

Capture Rate

D. Records Retention

1. Did your company retain records to support this certification, as required by 310 CMR 74.08? Records must be maintained for five (5) years and be made available to MassDEP upon request.

NOTE: Records may include your participation agreement with ELVS or proof of approval by MassDEP of your own collection plan, and documentation of the number of switches collected (e.g., printout from the EQ Industrial Services web site or the ELVS annual report).

☐ Yes

☐ No – Submit Return to Compliance Plan

E. Certification Statement

I attest under pains and penalties of perjury:

I. That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;

II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;

III. That systems to maintain compliance are in place at the business and will be maintained even if processes or operating procedures are changed; and

IV. That I am fully authorized to make this attestation on behalf of this business.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for submitting false, inaccurate, incomplete or misleading information.

KEEP A COPY OF THIS COMPLETED FORM AND THE RETURN TO COMPLIANCE FORM, IF REQUIRED, FOR YOUR FILES. MAIL THE ORIGINAL SIGNED FORM TO:

MassDEP Vehicle Mercury Program
One Winter Street, 7th floor
Boston, MA 02108

Authorized Signature

Printed Name

Title

Date Signed (MM/DD/YYYY)

Source of Signatory Authority:

If a Corporation:

☐ President ☐ Secretary

☐ Treasurer ☐ Vice President

☐ Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

☐ General Partner

If a Sole Proprietorship:

☐ Proprietor